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# **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

**Total Number of Pages in this Submission**

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/007,339
	Filing Date	10/26/2001
	First Named Inventor	Petr Peterka
	Group Art Unit	2132
	Examiner Name	Perungavoor, V.
	Total Number of Pages in this Submission	Attorney Docket Number D2570

## **ENCLOSURES**

**(check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing Replacement Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<hr/> <b>Remarks</b> <hr/>	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<hr/>	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Benjamin D. Driscoll	Registration No.	41,571
Signature			
Date	June 16, 2005		

**CERTIFICATE OF TRANSMITTAL/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to facsimile number \_\_\_\_\_ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:

Typed or printed name	Carol J. Smith
Signature	
Date	June 16, 2005

Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

**Fee Transmittal**

For FY 2005

JUN 20 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 200)

**Complete if Known**

Application Number	10/007,339
Filing Date	10/26/2001
First Named Inventor	Petr Peterka
Examiner Name	Perungavoor, V.
Group Art Unit	D2570

Attorney Docket No. D2570-06

**METHOD OF PAYMENT (check all that apply)**

Check     Credit card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account    Deposit Account Number: 502117 Deposit Account Name: MOTOROLA, INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)     Credit any overpayments  
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
[ ] - 20 or HP=	[ ] x [ ] =	[ ]	[ ]	[ ]	[ ]

HP=highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
[ ] - 3 or HP=	[ ] x [ ] =	[ ]	200

HP=highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE:**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	/50 =	Number of each additional 50 or fraction thereof (round up to a whole number)	Fee (\$)	Fee Paid (\$)
[ ] - 100 =	[ ]	[ ]	[ ]	[ ]	[ ]

**4. OTHER FEE(S)**

: \_\_\_\_\_

Complete (if applicable)

**SUBMITTED BY**

Name (Print/Type)	Benjamin D. Driscoll	Registration No.	41,571	Telephone	215-323-1840
Signature	<i>Ben D. Driscoll</i>	Date	June 16, 2005		